CT0565033	GRANBY COMMONS	NC	43	Р	GW
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
	Water Quality Monitoring and Con	npliance S	Schedul	e	

Connections

Service

Connecticut Department of Public Health Drinking Water Section

Residential Commercial Industrial

9

Agricultural

Combined

10745

50136

50138

WELL 1

WELL-X-TROL WX-302

WELL-X-TROL WX-302

Local Address (where applicable)

518 SALMON BROOK STREET

Towns Served:							
	Monito	oring Requiremen	its				
Water System Facility: <b>DISTRIBUTION</b>	SYSTEM (WSF I	D: 00600)					
Total Coliform (3100)					1 rou	tine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collecti	ion Period	Complia	nce Status
Select from Inventory of Active Sampli	ng Points	10/1/18 - 1	12/31/18			Con	nplete
		1/1/19 - 3	3/31/19			Con	nplete
		4/1/19 - 6	5/30/19				
		7/1/19 - 9	9/30/19				
Physical Parameters (PPS)					1 rou	tine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collecti	ion Period	Complia	nce Status
Select from Inventory of Active Sampli	ng Points	10/1/18 - 1	12/31/18			Con	nplete
		1/1/19 - 3	3/31/19			Con	nplete
		4/1/19 - 6	5/30/19				
		7/1/19 - 9	9/30/19				
Water System Facility: ENTRY POINT	(WSF ID: 00700)						
Nitrate (1040)					1 rou	tine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collecti	ion Period	Complia	nce Status
ENTRY POINT (3)		10/1/18 - 1	12/31/18			Con	nplete
		1/1/19 - 3	3/31/19			Con	nplete
		4/1/19 - 6	5/30/19				
		7/1/19 - 9	9/30/19				
Nitrite (1041)					1	routine (R1	「) per year
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collecti	ion Period	Complia	nce Status
ENTRY POINT (3)		1/1/18 - 1				Con	nplete
		1/1/19 - 1				Con	nplete
		1/1/20 - 1	2/31/20				
	Other C	ompliance Schedu	ıles				
Compliance Schedule Activity		D	ue Date		Achieved I	Date	
CROSS CONNECTION SURVEY REPORT		3,	/1/2012				
CROSS CONNECTION EXEMPTION		3,	/1/2018				
Water	Svstem Facili	ity and Sampling I	Point Ir	nventor	rv		
Water	-,			Total	Lead and		
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID	ID	Description	Status			Asbestos I	NQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Υ			
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
	UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT	Α				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

WELL 1

Α

2

CT0565033	GRANBY COMMONS	NC	43	Р	GW			
PWS ID	PWS Name	Classification	Population	Owner Type	Primary S			
Water Quality Monitoring and Compliance Schedule								
	Connecticut Department of Public Health	אווואוווצ	g water	Section				

Connecticut Department of Dublic Health Drinking Water Costion

1 443 10	I VV3 IVallic			Cius	Silication	Opulation	Owner Type	Tilliary Source
CT0565033	GRANBY COMMONS				NC	43	Р	GW
Local Address (w	here applicable)	Service	Residen	tial	Commercia	al Industria	al Combine	ed Agricultural
518 SALMON BR	OOK STREET	Connections	۵					

**Towns Served:** 

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage DBPR			
50140	WELL-X-TROL WX-250											
50142	WELL 2	2	WELL 2	А								
57100	ATMOSPHERIC TANK											
57102	BOOSTER PUMP											

ation Commons Two	Owner City		
Two	City	6	
	City State Z		Zip Code
	Granby	СТ	06035
ne Emergency Phone	Email Address		
860-653-0404			
ation		Job Title	
Two	City	State	Zip Code
	Granby	СТ	06035
ne Emergency Phone	Email Address		
	Two  Display the state of the s	Two City Granby	Two City State Granby CT

Contact Role(s): Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		. CD 111	7.1	D : 1		A7		
	Connecticut Departmen	it of Public H	ealth	Drink	king \	Nater S	ection	
	Water Quality Mo	onitoring and	d Com	plian	ce Sc	hedule		
PWS ID	PWS Name			Classifica	ation Po	pulation Ov	wner Type Pr	imary Source
CT0560024	565 SALMON BROOK ST - GRANBY			NC		25	Р	GW
Local Address (w	rhere applicable)	Service	Resident	ial Com	mercial	Industrial	Combined	Agricultural
		Connections			1			
Towns Served: G	RANBY			,	'			
	M	onitoring Requ	iremer	nts				
Water System	Facility: DISTRIBUTION SYSTEM (	WSF ID: 00600)						
<b>Total Coliform</b>	(3100)					1 rc	outine (RT) p	er quarter
Sampling P	oint (Sampling Point ID)		Monitorin	ng Period	d Coll	ection Perio	d Complia	ince Status
Select from	Inventory of Active Sampling Points	-	10/1/18 -	12/31/18	8		Cor	nplete
			1/1/19 -	3/31/19			Cor	nplete
			4/1/19 -	6/30/19				
			7/1/19 -	9/30/19				
Physical Paran	neters (PPS)					1 rc	outine (RT) p	er quarter
Sampling P	oint (Sampling Point ID)	ı	Monitorin	ng Period	d Coll	ection Perio	d Complia	ince Status
Select from	Inventory of Active Sampling Points	-	10/1/18 -		8			nplete
			1/1/19 -				Cor	nplete
			4/1/19 -	-				
			7/1/19 -	9/30/19				
Water System	Facility: ENTRY POINT (WSF ID: 00	0700)						
Nitrate And N	•					:	1 routine (R	Γ) per year
Sampling P	oint (Sampling Point ID)	ı	Monitorin	ng Period	d Coll	ection Perio	d Complia	ince Status
ENTRY POIN	NT (3)		1/1/18 - 1					nplete
			1/1/19 - 1				Cor	nplete
			1/1/20 - 1		)			
	Oth	er Compliance	Sched	ules				
Compliance Sch	edule Activity		D	ue Date	•	Achieve	d Date	
RESPOND TO SA	NITARY SURVEY		7,	/16/2014	1			
	Public	Notification R	equire	ments	•			
		Compliance	Notice	Pu	blic Noti	<u>fication</u>	PN Certi	<u>fication</u>
Violation/Situat	ion	Period	Tier	Requ	uired	Performed	Due to DPH	Received
	ters M&R Violation	4/1/11 - 6/30/11	3		2012		2/19/2012	
Total Coliform M	I&R Violation	4/1/11 - 6/30/11	2	2/9/	2012		2/19/2012	
	Water System F	acility and San	npling	Point	Invent	tory		
Water					Tota			_
•	r System Facility Sampling ID	Point Sampling Point Description	าโ		Colifo			Stage
Facility ID			LCVCTCAA	Statu		e Kule lie	er Asbestos	WQP Z DBPK
00600 DISTR	AIBUTION SYSTEM 4	DISTRIBUTION		A	Υ			
		REAM WITHIN 5 SER						
	UPSTRE	AM WITHIN 5 SER	VICE CON	Α				

**ENTRY POINT** 

WELL

Α

Α

3

2

00700 ENTRY POINT

WELL

59008 BLADDER TANKS

20948

	Water Quality Mor				C	,		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0560024	565 SALMON BROOK ST - GRANBY				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commer		al Industri	al Combine	ed Agricultural
		Connections			1			

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Inf	ormation					
Name				Organization		Job Title				
Ms. Sophia Kioukis							Owner			
Mailing Address Lir	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
134 Notch Road						Granby		СТ	06035	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email A	ddress	dress		
			86	0-670-1343						
Contact Role(s): A	dministrative (	Contact, Le	gal Contact, O	wner						
Name				Organization				Job Title		
Kioukis Inc										
Mailing Address Lir	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
ECE Calman Dualit	St					Granby		СТ	06060	
565 Salmon Brook :				bile Phone	Emergency Phone					

#### Please note the following:

Towns Served: GRANBY

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0560044	THE CAMBRIDGE HOUSE				NC	40	Р	GW
Local Address (	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
357 SALMON B	ROOK STREET	Connections			1			

Towns Served: GRANBY

Monitor	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Nitrite (1041)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Water System Facility	y and Sampling Point In	ventorv	

			•			-			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20950	WELL	2	WELL	Α					

Contact	Information

Name				Organization				Job Title	
Mr. Scott Riley Bradley Brew I				Pub, LLC					
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
357 Salmon Brook S	Street					Granby		СТ	06035
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress	·	
860-653-2739		860-413-0	9620	203-887-0307		scott@c	hharanhy co	nm	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	domined at the first of the fir											
Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Primary Source			
CT0560044	THE CAMBRIDG		NC	40	Р	GW						
Local Address (	where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural			
357 SALMON B	ROOK STREET		Connections			1						
Towns Served: GRANBY												
000 000 27	, ,	000 713 3020	203 007 3337			300116	congrainay.	COTT				

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	epartment of	Public H	lealth D	rinl	king V	Vater	Se	ction		
	Water (	uality Monit	oring an	d Comp	lian	ce Sc	hedul	e			
PWS ID	PWS Name			Cl	assifica	ation Po	pulation	Owr	ner Type [	Primary Source	
СТ056006	GRANBY MOTEL				NC		25		Р	GW	
Local Add	ress (where applicable)		Service	Residentia	Com	mercial	Industria	al	Combined	d Agricultural	
551 SALM	ION BROOK STREET		Connections			1					
Towns Sei	rved: GRANBY					-					
		Monito	oring Requ	uirement	:S						
Water Sy	stem Facility: <b>DISTRIBUTIO</b>	ON SYSTEM (WSF I	D: 00600)								
Total Co	liform (3100)						1	rou	tine (RT)	per quarter	
Sam	pling Point (Sampling Point ID	)		Monitoring	Period	l Colle	ction Per	riod	Comp	iance Status	
Selec	ct from Inventory of Active San	npling Points		10/1/18 - 12	2/31/18	3			Complete		
				1/1/19 - 3/	31/19				C	omplete	
				4/1/19 - 6/	30/19						
				7/1/19 - 9/	30/19						
Physical	Parameters (PPS)						1	rou	tine (RT)	per quarter	
Sam	pling Point (Sampling Point ID	)		Monitoring	Period	l Colle	ection Per			iance Status	
Selec	ct from Inventory of Active Sam	npling Points		10/1/18 - 12	2/31/18	3			C	omplete	
				1/1/19 - 3/	31/19				C	omplete	
				4/1/19 - 6/	30/19						
				7/1/19 - 9/	30/19						
Water Sy	stem Facility: ENTRY POIN	IT (WSF ID: 00700)									
Nitrate A	And Nitrite (NOX)							1	routine (	RT) per year	
Sam	pling Point (Sampling Point ID	)		Monitoring	Period	l Colle	ection Per	riod	Comp	iance Status	
ENTF	RY POINT (3)			1/1/18 - 12,	/31/18	,			C	omplete	
				1/1/19 - 12,	/31/19	)			C	omplete	
				1/1/20 - 12,	/31/20	l					
	Wate	er System Facili	ity and Sai	mpling Po	oint	Invent	ory				
Water						Tota	l Lead	and			
System	Water System Facility	Sampling Point	Sampling Poi	int		Colifor	т Сорр	oer		Stage	
Facility ID	)	ID	Description		Statu	<sub>is</sub> Rule	Rule	Tier	Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	Α						
		UPSTREAM	WITHIN 5 SEF	RVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	-	Α						
20951	WELL	2	WELL		Α						
		Con	tact Infori	mation							
Name			rganization						Job Title		
Mr. Mukı	ınd Shah		ranby Motel								
	ddress Line One	Mailing Addres	<u> </u>				City		State	Zip Code	
	on Brook St				C	Granby			СТ	06035	

Emergency Phone Email Address

Mobile Phone

**Business Phone** 

860-653-2553

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Traited Quality 11011110	911118 6111	0. 0011	- P	1011100	7011001011		
PWS ID PWS Name				Classification		Population	Owner Type	Primary Source
CT0560064 GRANBY MOTEL					NC	25	Р	GW
Local Address (	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
551 SALMON B	Connections			1				

Towns Served: GRANBY

#### Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	nartment of	f Public H	ealth	Drinkin	σ Water 9	Section	
		uality Monit				~		
PWS ID	PWS Name	dulity 1-101110	orms am		<u> </u>	Population O		imary Source
CT056007		REET			NC	25	P	GW
	ress (where applicable)		Service	Resident			Combined	Agricultura
			Connections		1			- Greenes
Towns Ser	rved: GRANBY							
		Monit	oring Requ	iremer	nts			
Water Sy	stem Facility: <b>DISTRIBUTIO</b>	N SYSTEM (WSF I	D: 00600)					
<b>Total Co</b>	liform (3100)					1 r	outine (RT) բ	er quarter
Sam	pling Point (Sampling Point ID)			Monitorin	g Period	Collection Perio	od Compli	ance Status
Selec	ct from Inventory of Active Sam	oling Points		10/1/18 -	12/31/18		Co	mplete
				1/1/19 -	3/31/19		Co	mplete
				4/1/19 -	6/30/19			
				7/1/19 -	9/30/19			
Physical	Parameters (PPS)					1 r	outine (RT) բ	er quarter
Samı	pling Point (Sampling Point ID)			Monitorin	g Period	Collection Perio	od Compli	ance Status
Selec	ct from Inventory of Active Sam	pling Points		10/1/18 -	12/31/18		Co	mplete
				1/1/19 -	3/31/19		Co	mplete
				4/1/19 -	6/30/19			
				7/1/19 -	9/30/19			
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)	)					
Nitrate A	And Nitrite (NOX)						1 routine (R	T) per year
Samı	pling Point (Sampling Point ID)			Monitorin	g Period	Collection Perio	od Compli	ance Status
ENTR	RY POINT (3)			1/1/18 - 1	.2/31/18		Co	mplete
				1/1/19 - 1	.2/31/19		Co	mplete
				1/1/20 - 1	.2/31/20			
		Public Not	tification R	equire	ments			
		C	Compliance	Notice	Public I	<u>Notification</u>	PN Cert	i <u>fication</u>
Violation/	/Situation		Period	Tier	Required	Performed	Due to DPH	Received
Total Colif	form M&R Violation	7/1	/18 - 9/30/18	3	11/13/201	9	11/23/2019	
	Wate	r System Facil	ity and Sar	npling	Point Invo	entory		
Water					7	Total Lead ar	nd	
System	Water System Facility	Sampling Point		nt	Со	liform Coppe		Stage
Facility ID	)	ID	Description		Status	Rule Rule Ti	er Asbestos	WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	Α	Υ		
		DOWNSTREAM	WITHIN 5 SEF	VICE CON	Α			
		UPSTREAM	WITHIN 5 SEF	VICE CON	Α			
00700	ENTRY POINT	3	ENTRY POINT		Α			
20952	WELL	2	WELL		Α			
		Con	tact Inform	nation				
Name		0	rganization				Job Title	
Mr. Carmi	ine Pandolfi		ranby Package	Store		Owner		

City

Granby

Emergency Phone Email Address

State

СТ

Zip Code

06035

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

496 Salmon Brook Street

Extension

Contact Role(s): Administrative Contact, Owner

Fax

**Business Phone** 

860-653-2742

PWS ID	PWS Name					Classifi	cation	Population	Owner Type	<b>Primary Source</b>
CT0560074	496 SALMON BROO	OK STREE	г			N	С	25	Р	GW
ocal Address	(where applicable)			Service	Resident	tial Co	mmercia	al Industri	al Combine	ed Agricultura
				Connections	S		1			
Towns Served:	GRANBY					·				
Name			C	)rganization					Job Title	9
	nto Coun									
pp Investme	nts corp							*		1
• •	•		Mailing Addres	ss Line Two				City	State	Zip Code
Ppp Investme Mailing Addre P. O. Box 106	•		Mailing Addres	ss Line Two			Granby		CT	2ip Code 06035

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	nartment of	Dublic H	alth	Drii	alzina	σ <i>Μ</i>	ntor S	oction			
		uality Monit				`	_		ection			
PWS ID	PWS Name	quality Monit	oring and				_		wner Tyne	Prir	mary Source	
CT0560084	LIFE CHURCH					IC		5	P		GW	
	(where applicable)		Service	Resident		mmerc		dustrial	Combin	ed	Agricultura	
23 GRIFFIN RO	* * * * * * * * * * * * * * * * * * * *		Connections			1					0	
Towns Served	d: GRANBY											
		Monito	oring Requ	ireme	nts							
Water Syste	m Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)									
<b>Total Colifo</b>	orm (3100)							1 r	outine (R	Г) ре	er quarter	
Sampling	g Point (Sampling Point ID)			Monitorir	ng Peri	iod (	Collecti	ion Perio	d Com	plia	nce Status	
Select fro	om Inventory of Active Sam	pling Points		10/1/18 -	12/31,	/18				Com	plete	
				1/1/19 -	3/31/1	L9				Com	plete	
				4/1/19 -	6/30/1	19						
				7/1/19 -	9/30/1	19						
-	rameters (PPS)							1 r	=		er quarter	
	g Point (Sampling Point ID)								Collection Period Compliance Stat			
Select fro	om Inventory of Active Sam	pling Points	10/1/18 - 12/31/18								plete	
				1/1/19 -						Com	plete	
				4/1/19 -								
Matar Custa	m Facility FNTDY DOIN	T /WSE ID: 00700\		7/1/19 -	9/30/1	19						
•	m Facility: ENTRY POIN	1 (WSF ID: 00700)							4	/DT	<b>\</b>	
	l Nitrite (NOX) g Point (Sampling Point ID)			Monitorir	a Dori	ind (	Callacti	ion Perio		-	) per year nce Status	
ENTRY P				1/1/18 - 1			Jonecu	on Perio		-	plete	
LINITAL	Olivi (3)			1/1/19 - 1							plete	
				1/1/20 - 1						COII	piete	
		Other Co	ompliance		<u> </u>	20						
Compliance S	Schedule Activity		op.i.a.i.ee		Due Da	ite		Achieve	d Date			
•	SANITARY SURVEY				/21/20							
	SANITARY SURVEY				)/18/2							
	Wate	er System Facili	ity and Sar	nnling	Poin	t Inve	entor	'V				
Water	•	ar System raem	ity and sar	b8	. 0		otal	Lead ar	nd.			
	ater System Facility	Sampling Point	Sampling Poi	nt			liform	Coppe			Stage	
Facility ID		ID	Description		Sto		Rule			os V	VQP 2 DBP	
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM		A	Υ					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	l ,	Α						
		UPSTREAM	WITHIN 5 SER	VICE CON	Ι.,	Α						
00700 EN	ITRY POINT	3	ENTRY POINT			A						
20953 WI	ELL	2	WELL			A						
		Con	tact Inforr	nation								
Name		O	rganization						Job Titl	e		
Mr. Al Royal							Pas	tor				
Mailing Addre	ess Line One	Mailing Address	s Line Two				Ci	ty	State	:	Zip Code	

pastoral@granbylifechurch.com

Granby

Emergency Phone | Email Address

 $\mathsf{CT}$ 

06035

Mobile Phone

203-606-5988

P.O. Box 599

Fax

23 Griffin Rd

**Business Phone** 

860-653-3308

Extension

Contact Role(s): Administrative Contact, Legal Contact

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID P	PWS ID PWS Name				ssification	Population	Owner Type	Primary Source
CT0560084 LIFE CHURCH					NC	25	Р	GW
Local Address (wh	nere applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
23 GRIFFIN ROAD	Connections			1				

Towns Served: GRANBY

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0560094	HIGH MEADOW DAY CAMP LLC				NC	25	Р	GW
Local Address (	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
311 NORTH GR	ANBY ROAD	Connections			1			

Towns Served: GRANBY

Towns Served: GRANBY			
Monitori	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/18 - 12/31/18	4/1-9/30	Complete
	1/1/19 - 12/31/19	4/1-9/30	
	1/1/20 - 12/31/20	4/1-9/30	
Other Con	npliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
RESPOND TO SANITARY SURVEY	11/18/2018		

Water System Facility and Sampling Point Inventory										
Water					Total	Lead and				
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		St	tage	
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 I	DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		KST	KITCHEN	Α	Υ					
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
20954	WELL 4	2	WELL	Α						
22883	WELL 2	2	WELL2	Α						
22884	WELL 3	2	WELL3	Α						
55262	WELL 4	2	WELL 4	Α						
EE364	HVDDODNELIMATIC TANK									

4/1/2019

55264 HYDROPNEUMATIC TANK

SEASONAL START UP COMPLETION

Contact Information									
Name				Organization				Job Title	
Ms. Carole Cunning	gham								
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
P.O. Box 338						Cheshire		СТ	06410
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	ne Email Address			
203-272-5358		203-272-	6247						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic Wa	•			f Public coring a			Č			on	
PWS ID	PWS Name	Contract of the contract of th					_				Гуре Г	Primary Source
CT0560094	HIGH MEADOW	IGH MEADOW DAY CAMP LLC NC 25 P GW										
Local Address (w	nere applicable)				Service	Reside	ntial Co	mmerci	al Industri	al Cor	nbine	d Agricultural
311 NORTH GRAI	NBY ROAD				Connection	ns		1				
Towns Served: G	RANBY					•						
Contact Role(s):	Legal Contact, (	Owner										
Name	1			0	rganization					Jol	Title	
Mr. Barry Cohen				Pi	rogram Limit	ed Partner	ship		Facility M	anager		
Mailing Address I	ine One		Mailing	Addres	s Line Two				City	S	tate	Zip Code
			Р О Вох	338				Cheshi	re		СТ	06410
Business Phone	Extension	Fax		Mobi	Mobile Phone Emergency Phone Email Address							
203-272-5358		203-272-0	5247									
Contact Role(s):	Administrative	Contact						•				

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Co	onnectic	•									ection	
		Wa	ter Qual	lity M	onit	oring a	and Con	npl	lianc	e Sch	redule		
PWS ID	PW	/S Name						Cla	ssificati	ion Pop	ulation Ov	vner Type [	Primary Source
CT056010	)4 JEH	HOVAHS WITH	IESSES						NC		25	Р	GW
Local Add	lress (whe	re applicable)				Service	Residen	itial	Comm	ercial	Industrial	Combined	d Agricultural
121 NORT	TH GRANB	Y ROAD				Connection	ons		1	L			
Towns Se	rved: GRA	NBY					"		1	'			
				M	lonit	oring Re	quireme	nts	5				
Water Sy	stem Fac	ility: DISTR	IBUTION SY	YSTEM (	(WSF I	D: 00600)							
Total Co	oliform (3	3100)									1 ro	utine (RT)	per quarter
Sam	pling Poin	t (Sampling P	oint ID)				Monitori	ing F	Period	Collec	ction Period	l Comp	iance Status
Selec	ct from Inv	entory of Act	ive Sampling	Points			10/1/18 -	- 12/	/31/18			C	omplete
							1/1/19 -	- 3/3	31/19			C	omplete
							4/1/19 -	- 6/3	80/19				
							7/1/19 -	- 9/3	80/19				
Physical	Paramet	ers (PPS)									1 ro	utine (RT)	per quarter
Sam	pling Poin	t (Sampling P	oint ID)				Monitori	ing F	Period	Collec	ction Period	l Comp	iance Status
Seled	ct from Inv	entory of Act	ive Sampling	Points			10/1/18 -	- 12/	/31/18			C	omplete
							1/1/19 -	- 3/3	31/19			C	omplete
							4/1/19 -	- 6/3	80/19				
							7/1/19 -	- 9/3	80/19				
Water Sy	stem Fac	cility: ENTR	Y POINT (W	VSF ID: 0	0700)								
Nitrate A	And Nitri	te (NOX)									1	routine (	RT) per year
Sam	pling Poin	t (Sampling P	oint ID)				Monitori	ing F	Period	Collec	ction Period	l Comp	iance Status
ENT	RY POINT (	3)					1/1/18 -	12/3	31/18			C	omplete
							1/1/19 -	12/3	31/19			C	omplete
							1/1/20 -	12/3	31/20				
			Water Sy	ystem	Facili	ity and S	Sampling	Po	int Ir	vento	ory		
Water										Total	Lead and		
System	_	stem Facility				Sampling				Coliforn			Stage
Facility IE				ID		Description		_	Status		Rule He	r Asbestos	WQP 2 DBPR
00600	DISTRIBU	JTION SYSTEM		4			TION SYSTEM		A	Υ			
							SERVICE COI		Α				
				UPSTR			SERVICE COI	N	Α				
00700	ENTRY P	OINT		3		ENTRY PO	INT		Α				
20955	WELL			2		WELL			A				
							ormation	1					
Name						rganization						Job Title	
	las C. Racl			1			tnesses-Gran	by	-			<u> </u>	
Mailing Address Line One Mailing Address Line Two							City	State	Zip Code				
	untry Roa									st Granb	-	СТ	06026
Busines	s Phone	Extension	Fax		Mobi	le Phone	Emergency	/ Pho	one Em	nail Addr	ess		

dougrack@cox.net

860-651-5865

860-651-5865

Contact Role(s): Legal Contact

	Connecticu	ıt Depa	rtment (	of Public	c Health	n Drir	nking	Water	Section	
	Wat	er Qua	lity Mon	itoring a	and Cor	nplia	nce S	Schedul	le	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0560104	IEHOVAHS WITN	EHOVAHS WITNESSES NC 25 P GW								
Local Address (w	nere applicable)			Service	Reside	ntial Co	mmerci	al Industri	al Combin	ed Agricultural
121 NORTH GRAN	NBY ROAD		Connections 1							
Towns Served: G	RANBY									
Name				Organization	1				Job Titl	e
Mr. John A. Koza	k			Jehovahs Wi	tnesses					
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
193 West Bass La	ne						Suffield	t	СТ	06078-1955
Business Phone	Extension	Fax	Mo	bile Phone	Emergeno	y Phone	Email A	Address		
860-305-0204					860-668	3-7736				
Contact Role(s):	Administrative (	Contact								

Contact Role(s): Administrative Contact

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	epartment of	Public Health	n Drin	king	Water S	Section	l	
	Water Q	uality Monit	oring and Cor	nplia	nce So	chedule	•		
PWS ID	PWS Name	<i>.</i>				opulation (		Primary S	Source
CT056012	24 OLD MILL POND VILLAG	E		N		31	Р	GW	
Local Add	Iress (where applicable)		Service Reside	ntial Co	mmercial	Industrial	Combin	ed Agrici	ultura
	1ON BROOK STREET		Connections		1				
Towns Se	rved: GRANBY								
		Monito	oring Requireme	ents					
Water Sy	stem Facility: <b>DISTRIBUTIC</b>	N SYSTEM (WSF I	D: 00600)						
Total Co	oliform (3100)					1 1	outine (R	Γ) per qu	arter
	pling Point (Sampling Point ID)		Monito	ring Perio	od Col	lection Peri	=	pliance St	
Seled	ct from Inventory of Active Sam	pling Points	10/1/18	- 12/31/	18			Complete	
		-	1/1/19	- 3/31/1	9			Complete	
				- 6/30/1					
				- 9/30/1					
Physical	Parameters (PPS)					1 1	outine (R	T) per qu	arter
-	pling Point (Sampling Point ID)		Monito	ring Perio	od Col	lection Peri	<del>-</del>	pliance St	
Seled	ct from Inventory of Active Sam	pling Points	10/1/18	- 12/31/	18			Complete	
		-	1/1/19	9			Complete		
				- 6/30/1				· ·	
			7/1/19	- 9/30/1	9				
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)							
Nitrate	And Nitrite (NOX)						1 routine	(RT) per	vear
	pling Point (Sampling Point ID)		Monito	ring Perio	od Col	lection Peri		pliance St	-
ENT	RY POINT (3)		1/1/18	- 12/31/1	18			Complete	
	· ,			- 12/31/1				Complete	
				- 12/31/2					
		Other Co	ompliance Sche	dules					
Complian	ce Schedule Activity			Due Dat	te	Achiev	ed Date		
RESPOND	TO SANITARY SURVEY			4/20/200	07				
	Wate	r System Facili	ty and Sampling	g Point	t Inven	tory			
Water		•	, ,		Tot		nd		
System	Water System Facility	Sampling Point	Sampling Point		Colife	orm Coppe	er		Stage
Facility IE	)	ID	Description	Sta	tus Ru	le Rule T	ier Asbest	os WQP 2	2 DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	M A	Y Y				
		DOWNSTREAM	WITHIN 5 SERVICE CO	N A	Ą				
		UPSTREAM	WITHIN 5 SERVICE CO	N A	4				
00700	ENTRY POINT	3	ENTRY POINT	P	4				
20957	WELL	2	WELL	P	A				
		Con	tact Informatio	n					
Name			ganization				Job Tit	e	
	oh R. Radwilowicz		<u> </u>						
	ddress Line One	Mailing Address	S Line Two			City	State	Zip Co	
0 1		5			+	•		6 22	

Southwick

Emergency Phone Email Address

MA

01077

Mobile Phone

South Loomis Street

**Business Phone** 

413-569-0140 Contact Role(s): Owner

Extension

Fax

	Connectic	ut Depa	irtment	t of F	ublic .	Health	Dri	nking	g Water	Section			
	Wat	ter Qua	lity Mo	nito	ring ar	nd Con	nplia	ince S	Schedul	.e			
PWS ID	PWS Name						Classi	fication	Population	Owner Type	Primary Source		
CT0560124	OLD MILL POND	DLD MILL POND VILLAGE NC 31 P GW								GW			
Local Address (w	ddress (where applicable)  Service Residential Commercial							al Industri	al Combin	ed Agricultural			
383 SALMON BR	33 SALMON BROOK STREET Connections 1												
Towns Served: G	RANBY												
Name				Orga	anization					Job Titl	e		
Ms. Kim M. Radv	wilowicz								Manager	/ Owner			
Mailing Address	Line One		Mailing Ad	ldress L	ine Two				City	State	Zip Code		
383 Salmon Broo	k Street							Granby	/	СТ	06035		
Business Phone	e Extension	Fax	1	Mobile	Phone	Emergenc	y Phone	e Email Address					
860-653-3433		860-653-	9767			413-569	-0140	OMPV	OMPV383@yahoo.com				
Contact Role(s):	Administrative	Contact, Leg	gal Contact,	Owner	r								

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Hea	alth Drinking Water Section
Water Quality Monitoring and C	<u> </u>
PWS ID PWS Name	Classification   Population   Owner Type   Primary Source
CT0560134 PILGRIM COVENANT CHURCH	NC 25 P GW
	sidential Commercial Industrial Combined Agricultural
605 SALMON BROOK STREET Connections	1
Towns Served: GRANBY	
Monitoring Require	ements
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)	
Total Coliform (3100)	1 routine (RT) per quarter
· · ·	nitoring Period Collection Period Compliance Status
Select from Inventory of Active Sampling Points 10/1	1/18 - 12/31/18 Complete
	1/19 - 3/31/19 Complete
4/1	1/19 - 6/30/19
7/1	1/19 - 9/30/19
Physical Parameters (PPS)	1 routine (RT) per quarter
Sampling Point (Sampling Point ID)  Mor	nitoring Period Collection Period Compliance Status
Select from Inventory of Active Sampling Points 10/1	1/18 - 12/31/18 Complete
1/1	1/19 - 3/31/19 Complete
4/1	1/19 - 6/30/19
7/1	1/19 - 9/30/19
Water System Facility: ENTRY POINT (WSF ID: 00700)	
Nitrate And Nitrite (NOX)	1 routine (RT) per year
Sampling Point (Sampling Point ID) Mor	nitoring Period Collection Period Compliance Status
ENTRY POINT (3) 1/1,	/18 - 12/31/18 Complete
1/1,	/19 - 12/31/19 Complete
1/1,	/20 - 12/31/20
Water System Facility and Sample	ling Point Inventory
Water	Total Lead and
System Water System Facility Sampling Point Sampling Point	Coliform Copper Stage
Facility ID ID Description	Status Rule Rule Tier Asbestos WQP 2 DBPF
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYS	
DOWNSTREAM WITHIN 5 SERVICE	
UPSTREAM WITHIN 5 SERVICE	E CON A
00700 ENTRY POINT 3 ENTRY POINT	A
20958 WELL 2 WELL	Α
Contact Information	tion
Name Organization	Job Title
	urch Chairperson
Ms. Martha Lilia Johnson Pilgrim Covenant Ch	
Ms. Martha Lilia JohnsonPilgrim Covenant CheMailing Address Line OneMailing Address Line Two	City State Zip Code
Mailing Address Line One Mailing Address Line Two 605 Salmon Brook Street	City State Zip Code Granby CT 06035 gency Phone Email Address

webmaster@pilgrimcovenantchurch.org

860-653-3800

Contact Role(s): Administrative Contact

860-653-9984

(	Connectic	ut Depa	rtmen	it of	Public	Health	Drii	nking	Water	Section		
	Wa	ter Qua	lity Mo	onit	oring ai	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name						Classif	ication	Population	Owner Type	Primary So	ource
CT0560134	PILGRIM COVENANT CHURCH NC 25 P GW											
Local Address (wh	nere applicable)				Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Agricul	tural
605 SALMON BRO	OK STREET				Connection	IS		1				
Towns Served: GF	RANBY								,		,	
Name				Or	ganization					Job Titl	e	
Mr. Gregory Sike	S			Pil	grim Covena	nt Church			Chairpers	son		
Mailing Address L	ine One		Mailing A	ddress	Line Two				City	State	Zip Cod	le
605 Salmon Brool	k Dtreet							Granby	/	СТ	06035	;
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Phone	Email A	Address	,		
860-653-3800		860-653-	9984			860-668	-0159	webmaster@pilgrimcovenantchurch.org				
Contact Role(s):	Legal Contact											

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department	of Public F	<del>l</del> ealth	Dı	rinkin	σ Wat	er S	ection	
	Water Quality Mo				`	<u> </u>		cction	
PWS ID	PWS Name	intoring an	u Con	_	ssification			vner Tyne	Primary Sou
CT0560174	ST. THERESE ROMAN CATHOLIC CHURCH	H CORP.		Cia	NC	25	1011 01	P	GW
	where applicable)	Service	Resider	ntial			strial	Combine	_
120 WEST GRA		Connections			1			•	7.8
Towns Served:					_				
	Мо	nitoring Req	uireme	ents					
Water System	Facility: DISTRIBUTION SYSTEM (W								
Total Coliforn	n (3100)						2 ro	utine (RT)	per quart
Sampling	Point (Sampling Point ID)		Monitor	ing F	Period	Collection	Period	d Comp	liance Statu
Select fror	n Inventory of Active Sampling Points		10/1/18	- 12/	31/18			C	Complete
			1/1/19	- 3/3	1/19			C	Complete
			4/1/19	- 6/3	0/19				
			7/1/19	- 9/3	0/19				
•	meters (PPS)						2 ro		per quart
Sampling	Point (Sampling Point ID)		Monitor			Collection	Period		liance Statu
Select fror	n Inventory of Active Sampling Points		10/1/18		-			C	omplete
			1/1/19					C	omplete
			4/1/19						
			7/1/19	- 9/3	0/19				
•	Facility: ENTRY POINT - WELL 1 (W	SF ID: 00700)							
Nitrate (104	•							-	per quart
	Point (Sampling Point ID)		Monitor			Collection	Period		liance Stati
ENTRY PO	INT (3)		10/1/18						Complete
			1/1/19					C	Complete
			4/1/19						
NII II 4000			7/1/19	- 9/3	0/19			• ••	D=\
Nitrite (1041	•		Monitor	in a F	Daviad (	Callastian		•	RT) per ye
ENTRY PO	Point (Sampling Point ID)		<i>Monitor</i> 1/1/18 -			Collection	Period		liance State
ENTRYPO	1111 (3)		1/1/18 -						Complete Complete
			1/1/20 -		-				ompiete
Water System	Facility: ENTRY POINT - WELL 2 (W	SF ID: 00702)	1/1/20-	12/	31/20				
Nitrate (104		J. 121 CO7 C2,					1 ro	utine (RT	per quart
•	Point (Sampling Point ID)		Monitor	ina F	Period (	Collection		-	liance Stati
	INT - WELL 2 (3)		10/1/18						Complete
	· · ·		1/1/19						Complete
			4/1/19						
			7/1/19						
Nitrite (1041	1)		-				1	L routine (	RT) per ye

ENTRY POINT - WELL 2 (3)	1/1/18 - 12/31/18	Complete
	1/1/19 - 12/31/19	Complete
	1/1/20 - 12/31/20	
Water System F	Facility and Sampling Point Inventory	

**Monitoring Period** 

**Collection Period** 

Sampling Point (Sampling Point ID)

**Compliance Status** 

WaterTotalLead andSystemWater System FacilitySampling PointColiformCopperStageFacility IDIDDescriptionStatusRule Tier Asbestos WQP 2 DBPR

	Water Quality Monitoring and Compliance Schedule										
PWS ID	WS ID PWS Name Classification Population Owner Type Primary Source							Primary Source			
CT0560174	ST. THERESE ROMAN CATHOLIC CHURCH CO	RP.			NC	25	Р	GW			
Local Address (v	ocal Address (where applicable)  Service R					al Industri	al Combin	ed Agricultural			
120 WEST GRAN	IBY ROAD	Connections 1									

Connecticut Department of Public Health Drinking Water Section

	V	/ater System Facili	ty and Sampling P	oint lı	nvento	ſy			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		4-WELL1	DISTRIBUTION SYSTEM	Α	Υ				
		4-WELL2	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT - WELL 1	3	ENTRY POINT	Α					
00702	ENTRY POINT - WELL 2	3	ENTRY POINT - WELL 2	Α					
20962	WELL #1	2	WELL #1	Α					
23102	WELL #2	2	WELL #2	Α					

					ormation				
Name				Organization	ı			Job Title	<u>.</u>
Mr. Thomas Ptaszyns	ski			Roman Cath	olic Church				
Mailing Address Line (	One		Mailing	Address Line Two			City	State	Zip Code
120 W. Granby Rd						Granby		СТ	06035
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
860-653-3371		860-653-	5780		860-653-3889				
Contact Role(s): Adn	ministrative (	Contact							
Name				Organization	l			Job Title	2
St. Theresa Roman Ca	atholic Churc	ch Corp							
Mailing Address Line	One		Mailing	Address Line Two			City	State	Zip Code
120 W Granby Rd						Granby		СТ	06035-2907
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress	,	

#### Contact Role(s): Legal Contact, Owner

#### Please note the following:

Towns Served: GRANBY

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	partment of	f Public H	ealth	Drir	nking '	Water	Se	ction	
	Water Oi	ality Monit	oring and	d Com	plia	nce So	chedu	le		
PWS ID	PWS Name	<u>-</u>	8 -						er Type	Primary Source
CT0560204	WEST GRANBY UNITED N	METHODIST CHURC	H			IC	41		P	GW
Local Addres	s (where applicable)		Service	Residen	tial Co	mmercial	Industri	ial	Combine	d Agricultural
87 SIMSBUR			Connections			1				
Towns Serve	d: GRANBY									
		Monit	oring Requ	ireme	nts					
Water Syste	em Facility: DISTRIBUTIO	N SYSTEM (WSF	D: 00600)							
<b>Total Colif</b>	orm (3100)						1	l rou	tine (RT	) per quarter
Samplin	ng Point (Sampling Point ID)		1	Monitori	ng Peri	od Col	lection Pe	riod	Comp	oliance Status
Select f	rom Inventory of Active Samp	ling Points	1	10/1/18 -	12/31/	<b>1</b> 8			(	Complete
				1/1/19 -	3/31/1	.9			(	Complete
				4/1/19 -	6/30/1	.9				
				7/1/19 -	9/30/1	L9				
-	rameters (PPS)						1	L rou	_	) per quarter
	ng Point (Sampling Point ID)			Monitori			lection Pe	riod		oliance Status
Select f	rom Inventory of Active Samp	ling Points	1	10/1/18 -						Complete
				1/1/19 -					(	Complete
				4/1/19 -						
				7/1/19 -	9/30/1	.9				
Water Syste	em Facility: ENTRY POINT	(WSF ID: 00700)								
	d Nitrite (NOX)							1 :		(RT) per year
_	ng Point (Sampling Point ID)			Monitori			lection Pe	riod		oliance Status
ENTRY I	POINT (3)			1/1/18 -					(	Complete
				1/1/19 -					(	Complete
				1/1/20 -	12/31/	20				
		Other C	ompliance	Sched	ules					
Compliance	Schedule Activity			ı	Due Da	te	Achie	eved I	Date	
RESPOND TO	SANITARY SURVEY			1:	1/23/20	016				
	Water	System Facil	ity and San	npling	Poin	t Inven	tory			
Water						Tota				
	ater System Facility	Sampling Point		nt		Colifo				Stage
Facility ID		ID	Description			itus Rui		Tier	Asbesto	s WQP 2 DBPR
	ISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM		A Y				
	NTRY POINT	3	ENTRY POINT			A				
20965 W	/ELL	2	WELL		/	Α				
		Cor	tact Inforn	nation						
Name		0	rganization						Job Title	
Mr. James O	ates	V	/ Granby United	Method	list Chu	ır	Chairmar	n- Bd	Trustee	
Mailing Addr	ress Line One	Mailing Addres	ss Line Two				City		State	Zip Code
D O D :		1				h				0.0000

**Mobile Phone** 

West Granby

Emergency Phone Email Address

860-653-6651

CT

06090

P.O. Box 157

**Business Phone** 

860-653-7437

Contact Role(s): Legal Contact

Extension

Fax

860-653-2891

	Connecticu	t Depa	irtment of	f Public :	Health	Drir	nking	Water	Section				
	Wat	er Qua	lity Monit	coring ar	nd Con	nplia	nce S	Schedul	le				
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source			
CT0560204	WEST GRANBY UI	NITED MET	HODIST CHURC	Н		N	IC	41	Р	GW			
Local Address (wl	here applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural			
87 SIMSBURY RO	AD			Connection	S		1						
Towns Served: GI	RANBY												
Name			0	rganization					Job Titl	e			
Mr. James E Con	roy		W	/. Granby Uni	ted Metho	ddist		President	/ Trustee				
Mailing Address I	ine One		Mailing Addres	s Line Two				City	State	Zip Code			
87 Simsbury Road	b						West G	iranby	СТ	06035			
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	y Phone	Email A	Address					
860-653-7437					860-653	-3123	wgumo	office@sbc	ffice@sbcglobal.net				
Contact Role(s):	Administrative C	ontact	1				•						

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	artment of ality Monit								ction	
PWS ID	PWS Name	anty Monn	oring an	u Com						er Tyne P	rimary Source
CT0560234	BUSHY HILL ORCHARD				N		-	25	JVVIII	P P	GW
	ss (where applicable)		Service	Residen		mme		dustria	1 (	Combined	_
	SHY HILL ROAD		Connections	Residen	tiai Co	5	i Ciai III	idustria		Johnshied	Agricultural
	ed: GRANBY										
TOWNS SCIV	cu. GIANDI	Manit	oring Dogu	iiromo	-						
	5 11 DIGENIAL TO A		oring Requ	ııreme	nts						
*	tem Facility: DISTRIBUTION	SYSTEM (WSF	ID: 00600)								
	form (3100)										per quarter
	ing Point (Sampling Point ID)			Monitori			Collecti	ion Peri	od		ance Status
Select	from Inventory of Active Sampli	ng Points		10/1/18 -							mplete
				1/1/19 -						Со	mplete
				4/1/19 -							
	. (===)			7/1/19 -	9/30/1	.9					
	arameters (PPS)										per quarter
	ing Point (Sampling Point ID)	a - Deinte		Monitori			Collecti	ion Peri	oa		ance Status
Select	from Inventory of Active Sampli	ng Points		10/1/18 -							mplete
				1/1/19 -						Co	mplete
				4/1/19 -							
Matar Cual	tors Facility . FNTDV DOINT	/WCE ID: 00700	<b>\</b>	7/1/19 -	9/30/1	.9					
•	tem Facility: ENTRY POINT	(WSF ID: 00700)							4		T\
	nd Nitrite (NOX)			Monitori	na Doui	- d	Callast	ian Davi			T) per year
_	ing Point (Sampling Point ID)			Monitori	_		Conecu	ion Peri	oa		ance Status
ENIKY	POINT (3)			1/1/18 -							mplete
				1/1/19 -						CC	mplete
	14/.1	6 . I E 'I									
	Water	System Facil	ity and Sai	mpling	Point	t Inv	entor/	<b>Y</b>			
Water			c !: 5 !			_	Total	Lead a			
System \\ Facility ID	Nater System Facility	Sampling Point ID	Sampling Pol Description	nt			oliform Rule	Coppe		Achastas	Stage WQP 2 DBPR
	DISTRIBUTION SYSTEM		•	N CVCTENA	Sta		Y	Kule I	iei .	ASDESIUS	WQF Z DBPK
00000 1	DISTRIBUTION SYSTEM	4	DISTRIBUTIO				ř				
		DOWNSTREAM UPSTREAM									
00700	TAITDY DOINT		WITHIN 5 SEF								
	ENTRY POINT	3	ENTRY POINT		A	٠					
	BLADDER TANK		\A/E1 : "4								
57462 \	WELL # 1	2	WELL #1		<i>F</i>	4					
		Cor	ntact Infor	mation							
Name		C	rganization							Job Title	
Mr. Allen G	. Clark						Ow	ner			
Mailing Add	lress Line One	Mailing Addres	ss Line Two				Ci	ty		State	Zip Code
29 Bushyhil	l Road					Gran	nby			СТ	06026

Emergency Phone Email Address

copperflats@hotmail.com

860-653-9046

Mobile Phone

**Business Phone** 

860-716-3240

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	110101 &010110)			- P	9 011 0 01 011		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0560234	BUSHY HILL ORCHARD			NC	25	Р	GW
Local Address (	where applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
29 & 33 BUSHY	HILL ROAD	Connections		5			
T	CDANIDY						

Towns Served: GRANBY

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

### Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0560244	HOLCOMB FARMS				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
113 SIMSBURY F	ROAD	Connections			2			

Towns Served: GRANBY

Towns Served: GRANBY						
M	onitoring Requ	uirement	ts			
Water System Facility: DISTRIBUTION SYSTEM (	WSF ID: 00600)					
Total Coliform (3100)				1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	<b>Collection Perio</b>	d Complia	nce Status
Select from Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Con	nplete
		1/1/19 - 3,	/31/19		Con	nplete
		4/1/19 - 6,	/30/19			
		7/1/19 - 9,	/30/19			
Physical Parameters (PPS)				1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	<b>Collection Perio</b>	d Complia	nce Status
Select from Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Con	nplete
		1/1/19 - 3,	/31/19		Con	nplete
		4/1/19 - 6,	/30/19			
		7/1/19 - 9,	/30/19			
Water System Facility: ENTRY POINT (WSF ID: 0	0700)					
Nitrate And Nitrite (NOX)					1 routine (RT	) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	<b>Collection Perio</b>	d Complia	nce Status
ENTRY POINT (3)		1/1/18 - 12	/31/18		Con	nplete
		1/1/19 - 12	/31/19		Con	nplete
		1/1/20 - 12	/31/20			
Public	Notification F	Requiren	nents			
	Compliance	Notice	Public	<u>Notification</u>	<u>PN Certi</u>	<u>fication</u>
Violation/Situation	Period	Tier	Require	d Performed	Due to DPH	Received

Public	Notification Re	equiren	nents						
	Compliance Notice <u>Public Notification</u> <u>PN Certification</u>								
Violation/Situation	Period	Tier	Required Performed		Due to DPH	Received			
E. Coli	10/1/18 - 12/31/18	3	2/11/2020	4/5/2019	2/21/2020	4/5/2019			

	Wa	ater System Facili	ity and Sampling P	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
23097	WELL #1	2	WELL #1	Α					
55388	BLADDER TANK								

				Contact Inf	ormation					
Name				Organization	ı	Job Title				
Mr. Kirk A. Severance				Town of Gra	Town of Granby			Drctr Public Works		
Mailing Address Line One Mailing Addr				Address Line Two		City		State	Zip Code	
52 N. Granby Rd					Granby			СТ	06035	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-653-8960 860-653-8959					860-982-9253	kseverance@granby-ct.gov				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Depa	rtmen	t of Public	Health	Dri	nking	Water	Section	
	Wat	ter Qual	lity Mo	nitoring a	nd Com	plia	ince S	chedul	e	
PWS ID	PWS Name Classification Population Owner Type Primary Source									
CT0560244	HOLCOMB FARMS NC 25 P GW								GW	
Local Address (w	here applicable)			Service	Residen	tial Co	ommercia	Industri	al Combine	ed Agricultural
113 SIMSBURY R	OAD			Connectio	ns	S				
Towns Served: G	RANBY							1		
Contact Role(s):	Administrative	Contact								
Name				Organization					Job Title	9
Mr. William F Sn	nith							Town Ma	nager	
Mailing Address	Line One		Mailing Ac	Idress Line Two				City	State	Zip Code
Town Hall	Town Hall 15 North Gr				anby Road		Granby		СТ	06035
Business Phone	e Extension	Fax		Mobile Phone	Emergency	Phone	Email A	ddress		
860-844-5300	44-5300 860-653-8947 860-653					5335	williamfsmith@granby-ct.gov			
Contact Role(s):	Legal Contact, C	)wner	,		•		•			

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End of schedule

(		ut Departme					U			ection		
	Wa	ter Quality N	Ionit	oring a								
PWS ID	PWS Name				С	lassific	cation	Popula	tion Ov	vner Type	Prin	nary Source
CT0565064	OST ACRES OR	CHARDS				NC		25		Р		GW
Local Address (wh	ere applicable)			Service	Residentia	I Con	nmercia	l Ind	ustrial	Combine	ed A	Agricultural
130 LOST ACRES F	ROAD			Connectio	ns		1					
Towns Served: GF	RANBY											
					quirement	ts						
	•	RIBUTION SYSTEM	(WSF I	D: 00600)								
<b>Total Coliform</b>	(3100)								1 ro	utine (R1	<sup>-</sup> ) pe	r quarter
Sampling Po	int (Sampling P	Point ID)			Monitoring	Perio	d Co	llectio	n Perio	d Com	plian	ce Status
Select from I	nventory of Act	ive Sampling Points			10/1/18 - 12	2/31/1	18	S Complete				
					1/1/19 - 3,	/31/19	)				Com	olete
					4/1/19 - 6,	/30/19	)					
					7/1/19 - 9,	/30/19	)					
<b>Physical Param</b>	eters (PPS)								1 ro	utine (R1	) pe	r quarter
Sampling Po	int (Sampling P	Point ID)			Monitoring	Perio	d Co	llectio	n Perio	d Com	plian	ce Status
Select from I	nventory of Act	ive Sampling Points			10/1/18 - 12	2/31/1	L8				Com	olete
					1/1/19 - 3,	/31/19	)				Com	olete
					4/1/19 - 6,	/30/19	)					
					7/1/19 - 9,	/30/19	)					
Water System F	acility: <b>ENTR</b>	Y POINT (WSF ID:	00700)									
Nitrate And Nit	rite (NOX)								1	L routine	(RT)	per year
Sampling Po	int (Sampling P	Point ID)			Monitoring	Perio	d Co	llectio	n Perio	d Com	plian	ce Status
ENTRY POIN	Г (3)				1/1/18 - 12	/31/1	8				Com	olete
					1/1/19 - 12	/31/1	9				Com	olete
					1/1/20 - 12	/31/2	0					
		Water System	Facili	ity and S	ampling P	oint	Inver	ntory	•			
Water									ead an			
*	System Facility	•	_	Sampling I			Colif		Copper		- 14	Stage
Facility ID		- 1		Description		Stat	us	ile i	Kule He	r Asbesto	OS VV	'QP 2 DBPR
00600 DISTRI	BUTION SYSTEM		<b>1</b> 	DISTRIBUT		Α						
					SERVICE CON	Α						
		UPST	REAM		SERVICE CON	Α						
00700 ENTRY	POINT		3	ENTRY POI	NT	Α						
49459 WELL :	L	-	2	WELL 1		Α						
					ormation							
Name				rganization						Job Titl	е	
Ms. Virginia B. W				st Acres Or	chards			Owne				
Mailing Address L	ine One	Mailing	Addres	s Line Two				City	•	State	Z	ip Code
130 Lost Acres Ro					T		North G			СТ		06060
Business Phone	Extension	Fax	Mobi	le Phone	Emergency P	none	Email A	ddress				

860-653-6897

ginny@lostacres.com

860-653-6600

Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section	1
Water Quality Monitoring and Compliance Schedule	

	Water Quarrey	riomicol mg am	a don	ipmaniee	belleau.			
PWS ID PWS Name				Classification	Population	Owner Type	Primary Source	
CT0565064	LOST ACRES ORCHARDS	NC	25	Р	GW			
Local Address (where applicable)		Service	Service Residen		ial Industr	ial Combin	d Agricultural	
130 LOST ACRE	Connections	Connections						
Towns Comindi	CDANDY			'				

### Towns Served: GRANBY Please note the following:

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End of schedule